

Nicholas A. Toumpas Commissioner

Kathleen A. Dunn Director

STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF MEDICAID BUSINESS AND POLICY

129 PLEASANT STREET, CONCORD, NH 03301-3857 603-271-5254 1-800-852-3345 Ext. 5254 Fax: 603-271-8431 TDD Access: 1-800-735-2964

Request Form for Public Use Hospital Discharge Data Sets

Please send your completed application materials to the following address:

Andrew Chalsma
Bureau of Data & Systems Management
Office of Medicaid Business & Policy
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-3857

By fax to 603-271-8431 or by e-mail to achalsma@dhhs.state.nh.us

Individual and Organization Requestor and Shipping Information

Contact Person's Name and Title:
Organization/Department (if applicable):
Address:
Telephone Number:
Fax Number:
E-mail Address:
Date:
Data will be shipped via UPS or FedEx Next Day Delivery if desired. Please provide your UPS or FedEx billing number and any additional required shipping for these methods.
UPS
FedEx

For our evalua dataset(s):	tion purpos	es, please in	dicate in ger	neral your p	rogram's ex	pected use	of the

Please indicate the type of data and years requested by checking boxes below:

	1999	2000	2001	2002	2003	2004	2005	2006
Inpatient								
Ambulatory Surgery, ED & Observation with code to distinguish								
Specialty								

Note: Data will be provided on a CD-ROM in both fixed length, delimited, and MS Access 97 format.

Currently there is no charge for the data. Without additional notification the department reserves the right to charge for data sets in accordance with state law, RSA 126:30.

Revised July 2008

NH Public Use Inpatient Hospital File Layout – 2005 (note: Outpatient is similar)

Record Count: 123,218

Field #	* Name	Туре	Size	Description	
1	Year	Number	Integer	Discharge	Year
2	Age	Number	Byte		ge Patient's exact age Patient's age is greater than or equal to 90 years
3 year old	InfantMo	Number	Byte	0 to 12	Patient's age when in months when patient is less than one
4	Sex	Number	Byte		Male Female
5	Residenc	Text	4	2802 2803 2804 2805 2806 2807 2808 2809 2810 55 18 20 44	esidence Belknap County Carroll County Cheshire County Coos County Grafton County Hillsborough County Merrimack County Rockingham County Strafford County Strafford County Sullivan County Canada Maine Massachusetts Vermont Other States and Countries NEC Unknown/Homeless
6	Hospital	Text	6	300001 300003 300005 300006 300007 300010 300010 300011 300012 300013 300014 300015 300016 300017 300018 300020 300021 300022 300023 300024 300028 300029 300033 300034	entification number Concord DHMC Lakes Region Huggins Monadnock Littleton New London Speare St. Joseph Elliot Franklin Frisbie Memorial Alice Peck Day Parkland Medical Center Wentworth-Douglas Cheshire SNHRMC Weeks Androscoggin Exeter Valley Regional Cottage Portsmouth UCV CMC M.H. Psychiatric Unit
7	DischDay	Number	Byte	Discharge 1 2 3 4 5	day of week Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Field #	Name	Туре	Size I	Description
8	DischMo	Number		Discharge month 1 January 2 February 3 March 4 April 5 May 6 June 7 July 8 August 9 September 10 October 11 November 12 December
7	LOS	Number	Integer	Length of stay in days Less than full day or full day stay
8	AdmType	Number	Byte	Admission Type 1 Emergency 2 Urgent 3 Elective 4 Newborn 9 NA
9	AdmSourc	Number	Byte	Admission Source when non-Newborn 1 Physician referral 2 Clinic referral 3 HMO referral 4 Transfer from Hospital 5 Transfer from Other health facility 7 Transfer from ER 8 Transfer from Legal 9 Not Available 11 Normal delivery 12 Premature 13 Sick baby 14 Already born on arrival 19 Not Available
10	Disposit	Number	Byte	Patient disposition 1 Other short-term hospital 2 Skilled nursing facility 3 Intermediate care facility 4 Structured/assisted living 5 Home, self care 6 Home health service 7 Against medical advice 8 Died 9 Transfer to Rehabilitation facility 10 Transfer to Rehab. in acute facility 11 Transfer to Substance abuse facility 12 Transfer to Psychiatric facility 13 Transfer to Psych. in acute facility 14 Transfer to Psych. in acute facility
11	PrinDx	Text	5	Principal diagnosis
12	SecDx1 - SecDx9	Text	5	Secondary diagnosis #1 - #5
21	ECode	Text	6	Cause of injury in Principal Diagnosis
22	PrinProc	Text	4	Principal procedure
23	SecProc1 - SecProc5	Text	4	Secondary procedure #1 - #5
28	PrProcLS	Number	Integer	Post Principal Procedure Length of Stay calculated as the difference between the primary procedure date and the discharge date
29	SProc1LS - SProc5LS	Number	Integer	Post Secondary Procedure Lengths of Stay calculated as the difference between the date of the specified secondary procedure and the discharge

Field #	Name	Type	Size	Description
34	HCFADRG	Number	Integer	r HCFA DRG in effect on discharge
35	HCFAMDC	Number	Byte	HCFA MDC
36	PriPayor	Number	Byte	Primary payor source 1 Self pay 2 Workers compensation 3 Medicare 4 Medicaid 5 HMO 6 Other government 7 Blue Cross 8 Commercial insurance 9 Other 10 Medicare Managed Care 11 Medicaid Managed Care
37	Charge	Number	Long	Total charges 9999999 Over \$9,999,999
38	SystemID	Text	15	File record number